

## APPLICATION DATA SHEET

### Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

CD-ROM or CD-R?::

Number of CD Disks:: None

Number of Copies of CDs:: None

Sequence Submission?:: None

Computer Readable Form (CRF)?:: No

Number of Copies of CRF:: None

Title:: MANET Routing Based on Best Estimate  
of Expected Position

Attorney Docket Number:: DPL-031

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 2

Total Drawing Sheets:: 2

Small Entity?:: Yes

Licensed US Govt. Agency:: No

Contract or Grant Numbers:: None

Secrecy Order in Parent Appl.?:: No

### Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full capacity

Given Name:: Li

Middle Name::

Family Name:: Shu

Name Suffix::

City of Residence:: Billerica  
State or Province of Residence:: Massachusetts  
Country of Residence:: US  
Street of Mailing Address:: 20 Acre Road  
City of Mailing Address:: Billerica  
State or Province of Mailing Address:: Massachusetts  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 01821

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: John  
Middle Name:: J.  
Family Name:: Turkovich  
Name Suffix::  
City of Residence:: Westford  
State or Province of Residence:: Massachusetts  
Country of Residence:: US  
Street of Mailing Address:: 144 Keyes Road  
City of Mailing Address:: Westford  
State or Province of Mailing Address::Massachusetts  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 01886

#### **Correspondence Information**

Correspondence Customer Number:: 021323

#### **Representative Information**

Representative Customer Number:: 021323

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application			

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
		MM/DD/YY	

**Assignee Information**

Assignee Name:: The Charles Stark Draper Laboratory  
City of Mailing Address:: Cambridge  
State or Province of Mailing Address:: Massachusetts  
Country of Mailing Address:: US